**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Michael Best Political Action Committee One South Pinckney Street ADDRESS (number and street) Suite 700 (Check if address is changed) Madison 53703 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS schelton@michaelbeststrategies.com (Check if address is changed) Optional Second E-Mail Address ilolson@michaelbest.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2015 C00603076 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Sarah C Helton Type or Print Name of Treasurer Sarah C Helton [Electronically Filed] 01 08 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

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